



BENEFICIARY DESIGNATION (MS 0002) INFORMATION

Please Read Carefully

BENEFICIARY DESIGNATION, MS 0002

This form is only for the purpose of designating beneficiary(ies) to receive the Lump-Sum Death Payment payable in the event of the death of a member. Any accumulated contributions in the member's account, plus any allowance accrued and unpaid on the date of death, will be paid to the designated beneficiary(ies) provided no Option Beneficiary was selected to receive a continuing benefit after the death of a member, or there is no spouse or child(ren) eligible to receive a Family or Survivor Benefit Allowance after the death of an active member.

ELIGIBLE MEMBER

The designated beneficiary(ies) is eligible to receive the lump-sum death payment if the member was:

- ◆ receiving a service retirement allowance or disability retirement allowance at the time of death.

Had at least one year of service credit, and died:

- ◆ while in active employment as a member of STRS; or
- ◆ while receiving or eligible to receive a disability allowance; or
- ◆ within four months after terminating employment; or
- ◆ within four months after termination of a disability allowance, if no service was performed; or
- ◆ within 12 months after the last day of paid service, if on an approved leave of absence.

IMPORTANT

- This form does **NOT** designate a beneficiary to receive a continuing retirement option benefit, nor does it alter existing option choices. For more information on options, please see your local Regional Counseling Services counselor, or contact our Public Service Office at 1 (800) 228-5453.
- This form remains in full force and effect until either a **new** Beneficiary Designation is filed, or your membership is terminated by a refund of your accumulated contributions. It is important to keep your beneficiary form current.
 - A complete form must be received and accepted by STRS **before** your death in order to be valid.
 - If your designated primary beneficiary(ies) predeceases you, any benefit due will be paid to your secondary beneficiary(ies), unless you file a new beneficiary form. If STRS is unable to locate your designated beneficiary(ies), the Lump-Sum Death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.
 - To request a Survivor Benefits booklet or additional forms, call the STRS Automated Attendant at (800) 228-5453 or Listen to Teletalk messages 501 through 555 for a description of the benefits payable. See STRS Web site at "<http://www.STRS.ca.gov>".

See Reverse Side

INSTRUCTIONS

About the Form

Print clearly in **DARK INK**, or type all information requested. Do not use light colors of ink, pencil, or erasable ink. No erasures or correction on the form, will be accepted.

Member Information

Enter your Social Security number, birth date, full name, telephone number, and complete mailing address.

Beneficiary Information

You may name as your beneficiary any living person, your estate, a trust, a corporation, charitable or parochial institution, or public entity

- **Beneficiary(ies)** - Provide their Social Security number, full name, their relationship to you, birthdates, address of each, and telephone number.
- **Estate** - To Designate your estate, enter the phrase "My Estate." Instead of a beneficiaries name. Upon your demise, if your estate is not subject to probate, STRS will pay benefits pursuant to California Probate Code Section 13101.
- **Trust** - If you want a Trust to be the payee, **DO NOT** list Beneficiary(ies). Enter the name of the trust, in place of the Social Security Number, identify the name of the trustee and the trustee's address and the date of creation instead of a birth date. STRS will contact the trustee and pay benefits to the trust..
- **Organization** - If you wish to designate an organization, enter the name, address of the organization, and the organization Tax identification number.
- To designate more beneficiaries, see the reverse side of the form for additional space. **Check the box** on the front of the Beneficiary Designation form indicating that additional beneficiaries are identified on the back of the form. Please provide the same information for each beneficiary as required on the form. **Check the box** on the back of the Beneficiary Designation form if an additional piece of paper is used to list more beneficiaries. Indicate whether the beneficiaries you are designating are "primary" or "secondary."

SIGNATURES:

Check List

Signature Date - Be sure to enter in the date.

Sign the Beneficiary Designation form with your usual signature, **in the presence of two witnesses**. Witnesses may **NOT** be a named beneficiary or your spouse. By signing the Beneficiary Designation form you are authorizing STRS to release information as necessary to pay the benefits due.

Spousal Signature -

- If you are not married, check the box "I am not married;" **or**
- If you are married your spouse **must** sign the form **in the presence of a witness** (may not be a named beneficiary) **or**
- Check the box that indicates your spouse has not signed the form. You must complete the "Justification for Non-Signature of Spouse" section on the reverse side of the Beneficiary Designation form.

Valid forms will be filmed and returned to you.

Return this form

Questions?

Contact STRS at: (916) 229-3870, or toll free (800) 228-5453, or TDD for the hearing impaired (916) 229-3541. Also see STRS Web site: <http://www.STRS.ca.gov>

INDIVIDUAL PRIVACY AND ACCESS TO RECORDS

The State Teachers' Retirement System is authorized to maintain beneficiary designations in accordance with Education Code Section 23300. Submission of a beneficiary designation is voluntary. However, if beneficiary is not designated, the possibility exists that the benefits due on account of your death may not be paid in accordance with your wishes.

You have the right to review the file maintained on you by STRS upon request and submission of proper identification. You may contact the Information Practices Coordinator through the STRS Public Service Office at the telephone number listed above.



P.O. Box 15275
Sacramento, CA 95851-0275

BENEFICIARY DESIGNATION

MS0002 (Rev. 6/97)

Internet Version

(800) 228-5453 or (916) 229-3870
TDD Hearing Impaired (916) 229-3541

MEMBER INFORMATION

Social Security Number	Birthdate	Phone #	STRS Use Only
Name: Last	First	M.I.	
Address			
City	State	Zip	

I hereby revoke any previous designation(s) and designate the following primary beneficiary(ies) to share and share alike, unless otherwise specified herein, or the survivor(s) among them, as beneficiary(ies) for any benefit payable under the Teachers' Retirement Law at the time of my death. This form does not designate a beneficiary to receive a continuing retirement option benefit. In the event I survive the primary beneficiary(ies) designated below, then I designate the following secondary beneficiary(ies), share and share alike unless otherwise specified, or the survivor(s) among them, as beneficiary(ies) for any benefit payable under the Teachers' Retirement Law at the time of my death. I further understand that should I survive all of my named beneficiaries, then any benefit payable at the time of my death under said law shall be paid to my estate.

PRIMARY BENEFICIARY(IES)

Social Security Number		Last Name	First	M.I.	Phone #
Birthdate	Relationship	Address		City	State Zip
Social Security Number		Last Name	First	M.I.	Phone #
Birthdate	Relationship	Address		City	State Zip

SECONDARY BENEFICIARY(IES)

Social Security Number		Last Name	First	M.I.	Phone #
Birthdate	Relationship	Address		City	State Zip
Social Security Number		Last Name	First	M.I.	Phone #
Birthdate	Relationship	Address		City	State Zip

Check box if additional beneficiaries are listed on the back of this form.

MEMBER	SPOUSE
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*** IMPORTANT ***

I certify under penalty of perjury that I am: not legally married; never married; divorced or widowed.

If no spousal signature, the following box must be checked:

☐ I am married, but my spouse did not sign. Please complete the Justification for Non-Signature of Spouse section on the back of this form.

X _____
SIGNATURE OF MEMBER DATE

X _____
SIGNATURE OF WITNESS

X _____
SIGNATURE OF SECOND WITNESS

X _____
SIGNATURE OF SPOUSE

X _____
SIGNATURE OF WITNESS (OVER)

Internet Version

Be sure to indicate whether your beneficiary is a P=Primary or S=Secondary.

P or S	Social Security Number	Last Name	First	MI	Relationship & Birthdate	Address City	State	Zip

Check box if an additional piece of paper is used to list more beneficiaries.

JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE

Pursuant to Education Code Section 22453, any request related to the selection of benefits by a member or retiree in which a spousal interest may be present, such as a Beneficiary Designation, shall contain the signature of the spouse of the member, unless a specified condition exists.

If the member is married and his or her spouse does not sign the Beneficiary Designation (MS 0002), the following section MUST be completed and signed by the member to validate the beneficiary designation.

I am married, but my spouse did not sign the Beneficiary Designation (MS 0002) because either (check the appropriate box):

I do not know and have taken all reasonable steps to determine, the whereabouts of my spouse; or

My spouse has been advised of the beneficiary designated and has refused to sign the acknowledgment. Court action has been initiated to enforce or waive the spousal signature requirement. **(STRS must have a copy of the court order on file before any benefits can be paid. Please submit a certified copy of the court order as soon as you receive it.)** Education Code Section 22454; or

My spouse is incapable of executing the acknowledgment due to an incapacitating mental or physical condition; or

My spouse has no identifiable community property interest in my benefits; or

My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage. **(A certified copy of the agreement is attached.)**

I certify under penalty of perjury under the laws of the State of California that the information submitted herein is complete and true according to the best of my knowledge and no material facts have been concealed or omitted. I understand that perjury is punishable by imprisonment in the State Prison for up to four years; Penal Code Section 126.

Member Signature

Date

X